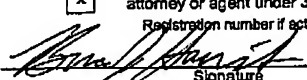


PTO/SB/22 (10-04)

Approved for use through 7/31/2008, OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 22197-00009-US	
Application Number 10/052,358-Conf. #3388		Filed January 23, 2002	
For PIPE COUPLINGS			
Art Unit 3679		Examiner A. M. Dunwoody	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>46,750</u>			
 Signature		November 29, 2004 Date	
Brian J. Hairston Typed or printed name		(202) 331-7111 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

RECEIVED
CENTRAL FAX CENTER
NOV 29 2004

PTO/SB/17 (11-04)
Approved for use through 7/31/2006. QMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid QMB control number.

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004, Patent fees are subject to annual revision.

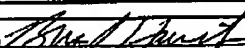
☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 110.00
--------------------------------	--------------------

Complete If Known	
Application Number	10/052,358-Conf. #3388
Filing Date	January 23, 2002
First Named Inventor	Fatollah Youssefifar
Examiner Name	A. M. Dunwoody
Art Unit	3679
Attorney Docket No.	22197-00009-US

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP </div> <p>The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____ </p>	FEE CALCULATION (continued) 2. EXTRA CLAIM FEES <table border="1" style="width: 100%;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td>18</td> <td>9</td> </tr> <tr> <td>Each independent claim over 3</td> <td>88</td> <td>44</td> </tr> <tr> <td>Multiple dependent claims</td> <td>300</td> <td>150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td>18</td> <td>9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td>88</td> <td>44</td> </tr> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> </tr> <tr> <td colspan="3">- 20 or HP = _____</td> </tr> <tr> <td colspan="3">HP = highest number of total claims paid for, if greater than 20</td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> </tr> <tr> <td colspan="3">- 3 or HP = _____</td> </tr> <tr> <td colspan="3">HP = highest number of independent claims paid for, if greater than 3</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (2)</td> <td>\$ 0.00</td> </tr> </tbody> </table>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims	Extra Claims	Fee (\$)	- 20 or HP = _____			HP = highest number of total claims paid for, if greater than 20			Indep. Claims	Extra Claims	Fee (\$)	- 3 or HP = _____			HP = highest number of independent claims paid for, if greater than 3			Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	Subtotal (2)		\$ 0.00
Fee Description	Fee (\$)	Small Entity Fee (\$)																																									
Each claim over 20	18	9																																									
Each independent claim over 3	88	44																																									
Multiple dependent claims	300	150																																									
For Reissues, each claim over 20 and more than in the original patent	18	9																																									
For Reissues, each independent claim more than in the original patent	88	44																																									
Total Claims	Extra Claims	Fee (\$)																																									
- 20 or HP = _____																																											
HP = highest number of total claims paid for, if greater than 20																																											
Indep. Claims	Extra Claims	Fee (\$)																																									
- 3 or HP = _____																																											
HP = highest number of independent claims paid for, if greater than 3																																											
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																									
Subtotal (2)		\$ 0.00																																									

1. BASIC FILING FEE <table border="1" style="width: 100%;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility Filing Fee</td> <td>790</td> <td>395</td> <td>_____</td> </tr> <tr> <td>Design Filing Fee</td> <td>350</td> <td>175</td> <td>_____</td> </tr> <tr> <td>Plant Filing Fee</td> <td>550</td> <td>275</td> <td>_____</td> </tr> <tr> <td>Reissue Filing Fee</td> <td>790</td> <td>395</td> <td>_____</td> </tr> <tr> <td>Provisional Filing Fee</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (1)</td> <td>\$ 0.00</td> <td></td> </tr> </tbody> </table>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	Utility Filing Fee	790	395	_____	Design Filing Fee	350	175	_____	Plant Filing Fee	550	275	_____	Reissue Filing Fee	790	395	_____	Provisional Filing Fee	160	80	_____	Subtotal (1)		\$ 0.00		3. OTHER FEES <table border="1" style="width: 100%;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1-month extension of time</td> <td>110</td> <td>55</td> <td>110.00</td> </tr> <tr> <td>2-month extension of time</td> <td>430</td> <td>215</td> <td>_____</td> </tr> <tr> <td>3-month extension of time</td> <td>980</td> <td>490</td> <td>_____</td> </tr> <tr> <td>4-month extension of time</td> <td>1,530</td> <td>765</td> <td>_____</td> </tr> <tr> <td>5-month extension of time</td> <td>2,080</td> <td>1,040</td> <td>_____</td> </tr> <tr> <td>Information disclosure smt. fee</td> <td>180</td> <td>180</td> <td>_____</td> </tr> <tr> <td>37 CFR 1.17(c) processing fee</td> <td>50</td> <td>50</td> <td>_____</td> </tr> <tr> <td>Non-English specification</td> <td>130</td> <td>130</td> <td>_____</td> </tr> <tr> <td>Notice of Appeal</td> <td>340</td> <td>170</td> <td>_____</td> </tr> <tr> <td>Filing a brief in support of appeal</td> <td>340</td> <td>170</td> <td>_____</td> </tr> <tr> <td>Request for oral hearing</td> <td>300</td> <td>150</td> <td>_____</td> </tr> <tr> <td>Other:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal (3)</td> <td>\$ 110.00</td> <td></td> </tr> </tbody> </table>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid	1-month extension of time	110	55	110.00	2-month extension of time	430	215	_____	3-month extension of time	980	490	_____	4-month extension of time	1,530	765	_____	5-month extension of time	2,080	1,040	_____	Information disclosure smt. fee	180	180	_____	37 CFR 1.17(c) processing fee	50	50	_____	Non-English specification	130	130	_____	Notice of Appeal	340	170	_____	Filing a brief in support of appeal	340	170	_____	Request for oral hearing	300	150	_____	Other:	_____	_____	_____	Subtotal (3)		\$ 110.00	
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)																																																																																		
Utility Filing Fee	790	395	_____																																																																																		
Design Filing Fee	350	175	_____																																																																																		
Plant Filing Fee	550	275	_____																																																																																		
Reissue Filing Fee	790	395	_____																																																																																		
Provisional Filing Fee	160	80	_____																																																																																		
Subtotal (1)		\$ 0.00																																																																																			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid																																																																																		
1-month extension of time	110	55	110.00																																																																																		
2-month extension of time	430	215	_____																																																																																		
3-month extension of time	980	490	_____																																																																																		
4-month extension of time	1,530	765	_____																																																																																		
5-month extension of time	2,080	1,040	_____																																																																																		
Information disclosure smt. fee	180	180	_____																																																																																		
37 CFR 1.17(c) processing fee	50	50	_____																																																																																		
Non-English specification	130	130	_____																																																																																		
Notice of Appeal	340	170	_____																																																																																		
Filing a brief in support of appeal	340	170	_____																																																																																		
Request for oral hearing	300	150	_____																																																																																		
Other:	_____	_____	_____																																																																																		
Subtotal (3)		\$ 110.00																																																																																			

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	46,760
Name (Print/Type)	Brian J. Halston	Date	November 29, 2004